

The Core Principles for End-of-Life Care POSITION STATEMENT

Approved by the Board of Trustees, June 2001

"Policy documents are approved by the APA Assembly and Board of Trustees... These are ... position statements that define APA official policy on specific subjects..." -- *APA Operations Manual*.

A The Core Principles for End-of-Life Care

1. Respecting the dignity of both patient and caregivers;
2. Be sensitive to and respectful of the patient's and family's wishes;
3. Use the most appropriate measures that are consistent with patient choices;
4. Encompass alleviation of pain and other physical symptoms;
5. Assess and manage psychological, social and spiritual/religious problems;
6. Offer continuity (the patient should be able to continue to be cared for, if so desired, by his/her primary care and specialist providers);
7. Provide access to any therapy which may realistically be expected to improve the patient's quality of life, including alternative or non-traditional treatments;
8. Provide access to palliative and hospice care;
9. Respect the right to refuse treatment;
10. Respect the physician's professional responsibility to discontinue some treatments when appropriate, with consideration for both the patient, and family's preferences;
11. Promote clinical and evidence-based research on providing care at the end of life.

B Annotations and Addition to the Core Principles for End-of-Life Care for Psychiatry

1. Respecting the dignity of both patient and caregivers;
2. Explore, identify and be sensitive to and respectful of the patients' wishes; patient's, family's, loved ones and/or surrogate's wishes;
3. Use the most appropriate measures that are consistent with the patient's and/or surrogate's choices;
4. Ensure the alleviation of pain, suffering and other physical and mental symptoms;
5. Assess and manage psychological, social, cultural, spiritual and religious concerns and problems;
6. Ensure appropriate continuity of care by the patient's primary and/or specialist physician to preserve longstanding patient-caregiver relationships when consistent with the patient's or surrogate's wishes;
7. Provide access to any therapy which may realistically be expected to improve the patient's quality of life, including alternative or non-traditional treatment. Patients who choose alternative or treatment should not be abandoned;
8. Provide timely access to palliative and hospice care;
9. Respect the patient's right to refuse treatment or his/her authorized surrogate;
10. Respect the physician's professional responsibility to discontinue some treatments when futile or otherwise appropriate, with consideration for the patient's, family's, loved one's and/or surrogate's preferences;
11. Promote clinical and evidence-based research on providing care at the end of life.
12. Educate physicians, caregivers, and the public about good end-of-life care.

The APA Committee on End of Life Issues recommended endorsement of *The Core Principles for End-of-Life Care* as an interim step while the role of psychiatrists in end of life care is developed. For information on the origin of The Principles and the health organizations/medical specialty societies which have adopted them see the web site: <http://www.milbank.org/endoflife/>.



The American Psychiatric Association is a national medical specialty society, founded in 1844, whose 40,000 physician members specialize in the diagnosis and treatment of mental and emotional illnesses and substance use disorders.

The American Psychiatric Association

1400 K Street NW • Washington, D.C. 20005

Telephone: (888) 357-7924 • Fax: (202) 682-6850 • Email: apa@psych.org